

### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/08/2002

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJD986579076

**INSTALLATION NAME** 

TRANSPLASTICS

INSTALLATION ADDRESS

10 MORTON ST

EAST RUTHERFORD, NJ 07073

**MAILING ADDRESS** 

10 MORTON ST EAST RUTHERFORD, NJ 07073

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22<sup>nd</sup> Floor New York, NY 10007-1866

ATTN: JACK HOYT

Tel: (212) 637-4106 Fax: (212) 637-4949

TO: TRANSPLASTICS

or Current Occupant

ATTN: JAMES RAKITSKY - VP ENV SVCS

150 E PENNSYLVANIA AVE DOWNINGTOWN, PA 19335

P Date Received

ubdate

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and

### Notification of Regulated Waste Activity

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United States Environmental Protection Agency

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EPA Form 8700-12 (Rev. 12/99)

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VIII. Type of Regu	lated Waste Activity (Ma	ark 'X' in ti	he app	oropria	ate bo	xes. Re	fer to Insi	tructio	ns)					
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C. Other Wastes.	(State-regulated or other	wastes red	quiring	g a hai	ndler	o have a	an I.D. nu	mber;	See inst	ructio	ons.)			
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#### Via U.S. Mail, Certificate of Mailing Obtained

October 31, 2002

U.S. EPA Region 2 Division of Environmental Planning and Protection RCRA Programs Branch 290 Broadway, 22<sup>nd</sup> Floor New York, NY 10007-1866

RE: Subsequent Notification of Regulated Waste Activity TransPlastics, East Rutherford, New Jersey

Dear Sir or Madam:

This is to submit a subsequent Notification of Regulated Waste Activity form for the following TransPlastics facility:

TransPlastics 10 Morton Street East Rutherford, NJ 07073 EPA ID No.: NJD 986 579 076

This Subsequent Notification of Regulated Waste Activity form updates installation contact, installation contact address and generator status. TransPlastics is a wholly owned subsidiary of Quality Distribution, Inc. which is submitting this information on their behalf.

If you have any questions, please contact Edna Rojas or me at (610) 518-3126.

Sincerely,

QUALITY DISTRIBUTION, INC.

James A. Rakitsky

Vice President, Environmental Services

Enclosure





### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/02/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJD986579076

INSTALLATION NAME

TRANSPLASTICS INC

INSTALLATION ADDRESS

10 MORTON ST EAST RUTHERFORD, NJ 07073

MAILING ADDRESS →

10 MORTON ST EAST RUTHERFORD, NJ 07073

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 2
290 BROADWAY, 22<sup>nd</sup> Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION RCRA PROGRAMS BRANCH

TO: EMIG, DONALD VP & CHIEF ENGR 102 PICKERING WAY EXTON, PA 19341

Form Approved, OMB No. 2050-0028 Expires 19/31/99 GSA No. 0246-8PA-OT

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The Information requested here is required by law (Section 3010 of

## Notification of Regulated Waste Activity

Date Received (For Official Use Only)

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EPA Form 8700-12 (Rev. 10/09/96)

address ventred us Post office (58)

		ID - For Official Use Only
VIII. Type of Regulated Waste Activity (Man	K X in the appropriate boxes. Refer to Inst	suctions)
A. Hazardous We	iste Activity	B. Used Oil Recycling Activities
1. Generator (See Instructions)  2. Greater than 1000kg/mo (2,200 lbs.)  3. 100 to 1000 kg/mo (220-2,200 lbs.)  4. Less than 100 kg/mo (220 lbs)  5. Transporter (Indicate Mode in boxes 1-5 below)  5. For own waste only  7. For commercial purposes  Mode of Transportation  1. Air  2. Rail 3. Highway 4. Water 5. Other - specify   IX. Description of Regulated Wastes (Use at	3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or industrial Furnace 1. Smelter Deterral 2. Small Quantity Exemption indicate Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5. Underground Injection Control	1. Used Oil Recycling Marketer  a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  b. Marketer Who First Claims the Used Oil Meets the Specifications  2. Used Oil Burner - Indicate Type(s) of Combustion Device a. Utility Boller b. Industrial Boller c. Industrial Furnace  3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) a. Transporter b. Transfer Facility  4. Used Oil Processor/Re-refiner- indicate Type(s) of Activity(les) a. Process b. Re-refine
A. Characteristics of Nonlisted Hazardous	s Wastes. (Mark 'X' in the boxes correspo	
	Toxicity rectaristic  X  List specific EPA hezardous was contaminent(s):  D 0 0 6 D 0	e number(s) for the Toxicity characteristic
1 2 D 0 3 9 D 0 4 0 B B	3 4 10 10 10 10 10 10 10 10 10 10 10 10 10	5 6 11 12 12
C. Other Wastes. (State or other wastes required in the state of the s	ing a handler to have an I.D. number; See i	5 6
I certify under penalty of law that this document a system designed to assure that qualified perso person or persons who manage the system, or the is, to the best of my knowledge and belief, true, at information, including the possibility of fine and	nnel properly gather and evaluate the inform ose persons directly responsible for gatherin ccurate, and complete. I am aware that there i imprisonment for knowing violations.	ation submitted. Based on my inquiry of the g the information, the information submitted are significant penalties for submitting false
XI. Comments	Name and Official Title (Type or print) DONALD K. EMIG, PH.D., P.E. Vice President & Chief Engin DUALER DESTREERIES (ON)	0,144
PROPERTY OWNER: Chemical Leaman 102 Pickering V		hone: 610-363-4200
Note: Mail completed form to the appropriate EP	A Regional or State Office. <i>(See Section III</i>	of the booklet for addresses.)



#### Via U.S. Mail, Certificate of Mailing Obtained

July 19, 1999

U.S. EPA Region 2 ATTN: Jack Hoyt 290 Broadway, 22<sup>nd</sup> Floor New York, NY 10007-1866

RE: Subsequent Generator Notification of Regulated Waste Activity TransPlastics, Inc. Facilities in East Rutherford, New Jersey

Dear Mr. Hoyt:

This is to submit Subsequent Notifications of Regulated Waste Activity for the TransPlastics, Inc. facility at the following locations in New Jersey:

TransPlastics, Inc. 10 Morton Street East Rutherford, NJ 07073 EPA ID No.: NJD 986 579 076

Due to recent corporate acquisitions and restructuring, TransPlastics, Inc. has become a wholly owned subsidiary of Quality Carriers, Inc. (QCI). QCI, in turn, is a wholly owned subsidiary of Quality Distribution, Inc., which is submitting this information on behalf of QCI.

If you have any questions, please contact Dave Bielecki or me at (610) 363-4499.

Very truly yours,

QUALITY DISTRIBUTION, INC.

Donald K. Emig, Ph.D., P.E.

Vice President and Chief Engineer

**Environmental Affairs** 

Enclosure





### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/19/98

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986579076

FACILITY NAME -> TRANSPLASTICS INC

MAILING ADDRESS -> 10 MORTON ST

EAST RUTHERFORD, NJ 07073

INSTALLATION ADDRESS -> 10 MORTON ST

EAST RUTHERFORD, NJ 07073

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 290 BROADWAY NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

TO: SIBILIA, JERRY DIST GEN MGR TRANSPLASTICS INC 10 MORTON ST EAST RUTHERFORD, NJ 07073 Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

# Notification of Regulated Waste Activity

Date Received (For Official Use Only)

United States Environmental Protection Agency Recovery Act). I. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number **B.** Subsequent Notification A. Initial Notification X (Complete Item C) 9 8 6 5 7 9 0 6 II. Name of Installation (Include company and specific site name) P 1 а n c. III. Location of installation (Physical address not P.O. Box or Route Number) Street: 0 M t S 0 n t r e t Street (Continued) City or Town State Zip Code Ea R s u h r f 0 r d N 0 J 3 **County Code County Name** r n IV. Installation Mailing Address (See instructions) Street or P.O. Box a m City or Town State Zip Code V. Installation Contact (Person to be contacted regarding waste activities at site) Name (Last) (First) i b i 1 i а e r r Job Title Phone Number (Area Code and Number) District General Manager 9 VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box Location Mailing X City or Town State Zip Code VII. Ownership (See instructions) A. Name of Installation's Legal Owner m i P Street, P.O. Box, or Route Number 2 City or Town State Zip Code X t 0 n P 1 9 3 A B. Land Type (Date Changed) C. Owner Type D. Change of Owner Indicator Phone Number (Area Code and Number) Month Day Year 1 0 3 Yes 6 3 2 4 0 0 P P

1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 100 to 1000 kg/mo (220-2,200 lbs.)  c. Less than 100 kg/mo (220 lbs)  2. Transporter (Indicate Mode in boxes 1-5 below)  a. For own waste only b. For commercial purposes  Mode of Transportation  1. Used Oi installation) Note: A permit is required for this activity, see instructions.  4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or Industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 3. Highway  1. Used Oi installation) Note: A permit is required for this activity, see instructions.  Used Oi Oi to Device (s)  In Smelter Deferral In Used Oi installation) Note: A permit is required for this activity, see instructions.  Used Oi Oi to Device (s)  In Smelter Deferral In Utility Boiler In Utility Boiler In Utility Boiler In Used Oi Industrial Furnace In Smelter Deferral In Utility Device (s) In Utility Boiler In Utility Boiler In Used Oi Industrial Furnace In Smelter Deferral In Utility Industrial Furnace In Smelter Deferral In Smelter	rial Boiler rial Furnace Transporter - Indicate of Combustion Device(s) porter er Facility Processor/Re-refiner - Type(s) of Activity(ies) ine
A. Hazardous Waste Activity  B. Used  1: Generator (See Instructions)  a. Greater than 1000 kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2200 lbs.) c. Less than 100 kg/mo (220-200 lbs.) 2. Transporter (Indicate Mode In boxes 1-5 below) a. For own waste only b. For commercial purposes  Mode of Transportation 1. Air 1. Air 2. Small Quantity Exemption 1. Indicate Type of Combustion Device(s) 3. Highway 4. Water 5. Other - specify  D. Transporter (Indicate Wastes (Use additional sheets if necessary)  A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the condisted hazardous wastes your installation handles; See 40 CFR Parts 251.20 - 251.24)  B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 1  C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)	Recycling Marketer ter Directs Shipment of User Off-Specification Burner ter Who First Claims the Dil Meets the Specifications Burner - Indicate Type(s) ustion Device Boiler rial Boiler rial Boiler Transporter - Indicate of Combustion Device(s) porter ter Facility Processor/Re-refiner - Type(s) of Activity(ies) ine
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a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2,200 lbs.) c. Less than 100 kg/mo (220-2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) c. Less than 100 kg/mo (220 lbs.) d. Transporter (Indicate Mode in boxes 1-5 below) a. For commercial purposes b. For commercial purposes b. For commercial purposes b. For commercial purposes c. Boiler and/or Industrial Furnace d. I. Smelter Deferral d. Small Quantity Exemption Indicate Type of Combustion Device(s) d. Trans d.	ter Directs Shipment of User Off-Specification Burner ter Who First Claims the Dil Meets the Specifications Burner - Indicate Type(s) ustion Device Boiler rial Boiler rial Furnace Transporter - Indicate of Combustion Device(s) porter ter Facility Processor/Re-refiner - Type(s) of Activity(ies) ine
A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the cononlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)  1. Ignitable 2. Corrosive 3. Reactive (D003) Characteristic Contaminant(s))  X  D D D D D D D D D D D D D D D D D	aracteristics of
1. Ignitable 2: Corrosive (D002) 3. Reactive (D003) Characteristic (D001) (D002) (D002) (D003) Characteristic (Contaminant(s)) D 0 0 8 D 0 1 8 D  B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 1	ลเลงเซเจเเงช ปโ
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)	0 3 9 D 0 4 0
	12
X. Certification	6
I certify under penalty of law that this document and all attachments were prepared under my direction or s a system designed to assure that qualified personnel properly gather and evaluate the information submitted person or persons who manage the system, or those persons directly responsible for gathering the information, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant information, including the possibility of fine and imprisonment for knowing violations.	d. Based on my inquiry of the
Signature  Name and Official Title (Type or print)  Gregory T. Farrell, Senior Project N	Date Signed
XI. Comments	
Effective 1/1/98, the name of the company at this location was char Leaman Tank Lines, Inc. to TransPlastics, Inc. Both are wholly own	
Chemical Leaman Corporation.	ged from Chemical

aBelle 3:17

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-30-81 GSA No. 0248-EPA-OT

United States Environmental Pr Washington, DC at SEPA Notification of Hazardo	1460 Filing Notification before completing										
For Official Use Only											
	ments										
c											
Installation's EPA ID Number	Approved (yr. mo. day)										
: MTD 986579076 TA :	900510										
I. Name of installation	700370										
C H E M I C A I L E A M A N	TANK LINES INC										
II. Installation Mailing Address											
Street or	P.O. Box										
e P O B O X 196											
City or Town	State ZIP Code										
R IIIT H ER F OR D	N 1 0 7 0 7 0										
III. Location of Installation											
	oute Number										
C 1 0 M 0 R T 0 N S T R E	ET										
City or Town	State ZIP Code										
R U THE RFORD	N J 0 7 0 7 C										
IV. Installation Contact											
Name and Title (last, first, and jo	b title) Phone Number (area code end number)										
R A M A C H R I C H A R D	M C R 20 1 93 9 0 3 1 4										
V. Ownership											
A. Name of Installation's Legal	B. Type of Ownership (enter code)										
C H E M I C A L I F A M A	N P										
VI. Type of Regulated Waste Activity (Mark 'X' In the appropri											
A. Hazardous Waste Activity	B. Used Oll Fuel Activities										
1a. Generator  1b. Less than 1,000 kg/mo.  2. Transporter  3. Treater/Storer/Disposer  4. Underground injection  5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)  a. Generator Marketing to Burner	6. Off-Specification Used Oil Fuel  a. Generator Marketing to Burner  b. Other Marketer  c. Burner  7. Specification Used Oil Fuel Marketer (or On site Burner)  Who First Claims the Oil Meets the Specification										
b. Other Marketer c. Burner	el samona de mentro de la mantica de la compositiva dell'accionalistica dell'accionalistica della compositiva della comp										
VII. Waste Fuel Burning: Type of Combustion Device (enter 2 in which hazardous waste fuel or off-specification used oil fuel is b	in all appropriate boxes to indicate type of combustion device(a) when. See instructions for definitions of combustion devices.)										
☐ A. Utility Boiler ☐ B. Industrial B	oller C. Industrial Furnace										
VIII. Mode of Transportation (transporters only - enter 'X' in											
A. Air B. Rail C. Highway	D. Water E. Other (specify)										
IX. First or Subsequent Notification  Mark 'X' in the appropriate box to indicate whether this is your installation notification. If this is not your first notification, enter your installation's EF	n's first notification of hazardous waste activity or a subsequent A ID Number in the space provided below.										
	C. Installation's EPA ID Number										

				ID - For Official Use (	Only
	on MAY 10 F	12:01	c		TA
Description of H	azardous Wastes (co		W		
Hazardous Wastes		see. Enter the four-digit	number from 40 CFR Paneets if necessary.	st 261 31 for each listed h	azardous waste
1	2	3	4	5	6
: i !					
7	8	9	10	11	12
Hazardous Wastes	from Specific Sources.	Enter the four-digit nur	mber from 40 CFR Part 2	61.32 for each listed haza	rdous wasin
13	your installation handles.	Use additional sheets if	necessary.		
			16	17	18
19	20				
	20	21	22	23	24
25	20				
49	26	27	28	29	30
4 4 4 4 4				1	
ir installation handle	ical Product Hazardous is which may be hazardou	Wastes. Enter the four- us waste. Use additional	digit number 40 CFR Pa sheets if necessary.	rt 261 33 for each chemic	al substance
31	32	33	34	35	36
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43	44	45	46	47	48
Jated Infectious Winedical and research	Vastes. Enter the four-dich laboratories your install	git number 40 CFR Part ation handles. Use add	261.34 for each hazardor tional sheets if necessary 52	us waste from hospitals, v	etennary hospitals.
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Certification		(2000)	(3000)	(D000)	
ertify under pen	naity of law that I have	personally examin	ned and am familiar	with the information	submitted in th
taining the info	ormation. I believe ti	at based on my in hat the submitted i	quiry of those indi- nformation is to:	with the information viduals immediately accurate, and comp cluding the possib	responsible i
Ature		Name and Official Ti James A. Rak	itsky, Manager	Date Signed	
owner H.	Lukusky	Tank Clng &	Env. Processes	5/9/90	
imated burden:	Public reporting purd	en for this collection	of information is est	Imeted to be 3 hours,	including time

estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, tearching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

579076

May 9, 1990

US Environmental Protection Agency Permit Administrative Branch 26 Federal Plaza New York, NY 10278

Gentlemen:

In accordance with the instructions of New Jersey Division of Waste Management, enclosed is a Notification of Hazardous Waste Activity form for the Chemical Leaman Tank Lines facility located at 10 Morton Street, Rutherford, New Jersey.

This form is an initial notification of hazardous waste generation activity at this facility.

We would appreciate a timely response to our request for a Generator Identification Number.

If you have any questions, please contact me at (215) 363-4232.

Very truly yours,

James A. Rakitsky

Manager, Tank Cleaning

and Environmental Processes

jcb

Enclosure

Overnight

Return Receipt Req.



#### ACKNOWLEDGEMENT OF NOTIFICATION

#### OF HAZARDOUS WASTE ACTIVITY

06/11/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986579076

FACILITY NAME -> CHEMICAL LEAMAN TANK LINES INC

MAILING ADDRESS -> PO BOX 196
RUTHERFORD, NJ 07070

INSTALLATION ADDRESS -> 10 MORTON ST RUTHERFORD, NJ 07070

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: RAMACH RICHARD MGR
CHEMICAL LEAMAN TANK LINES INC
PO BOX 196
RUTHERFORD, NJ 07070